Working and learning: Post registration student midwives experience of the competency assessment process

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Aim To explore student midwives experiences of the Clinical Competency Assessment process utilised on the Higher Diploma in Midwifery (18 month) programme

Background The assessment of clinical skills and practice has traditionally been an integral part of midwifery educational programmes; however the method of clinical assessment has changed and developed. Similar to other countries, in Ireland assessment of clinical practice is achieved through the utilisation of a broad competency framework provided by the regulatory body, An Bord Altranais (2005) which is yet to be evaluated from a midwifery perspective.

Method A descriptive qualitative study was undertaken once ethical approval had been granted by the University's Ethics Committee. All student midwives (n=20) in one cohort were invited to participate and nine students were interviewed. Interviews were tape recorded. Data were analysed using Burnard's (2006) framework.

Findings The process of competency assessment was perceived by many of the students to facilitate continuous assessment of clinical practice but there were issues in relation to the language and the number of competencies to be assessed. There were challenges also associated with the written evidence required as part of the assessment with many of the students questioning the usefulness of this in a clinical assessment. **A variety of supports** were identified and utilised by the students. Continuity and availability of preceptors were noted to be **factors impacting on completion of the assessment** as were the competing demands of clinical care.

Recommendations The findings of this small study are congruent with much of the international literature focusing on clinical competency models. Consideration needs to be given to identifying and integrating into practice, a clearly defined process for competency assessment, by all the relevant stake holders. An opportunity for feedback throughout the process is considered very significant and the mechanism for this needs to be made explicit in any competency assessment documentation Competency documentation currently in use needs to be reviewed in light of the findings of this study and the rationale for inclusion of a written evidence component needs to be carefully considered. Further research is warranted in relation to the effectiveness of the competency tool in assessing competency in practice.

Key words: Competency assessment, Clinical assessment, Student midwives experiences

Introduction and background

Assessment of clinical skills and practice is an integral part of midwifery educational programmes. The method of clinical assessment has however changed and developed throughout the years. More recently there has been a growing emphasis on the use of competency assessment framework which captures the holistic nature of midwifery practice. Gonczi (1994) argues that the holistic integrated approach facilitates assessment of the student's capacity to integrate knowledge, skills and attitudes in different clinical situations and is the approach utilised in our current competency documentation.

In Ireland as with other countries, the regulatory body, An Bord Altranais, provides a broad enabling framework to assist in the development of a clinical competence assessment tool. Within this competency framework five domains of competence (An Bord Altranais 2005) are used to assess students in clinical midwifery practice. (Table1)

Table 1 Domains of Competency and Performance criterion (An Bord Altranais 2005)

Domain	**Performance Criteria**
1. Professional Ethical Midwifery Practice.	• Practices in accordance with legislation and professional guidelines affecting midwifery practice • Practice is underpinned by the distinct philosophy of midwifery • Practices within the limits of own competence and takes measures to develop own competence
2. Holistic Midwifery Care.	• Provides safe and effective midwifery care that encompasses the full range of activities of the midwife as set out in EU Directive 80/155/EEC and the Definition of the Midwife (ICM 2005) • Works in partnership with the woman and her family throughout the maternity experience
3. Interpersonal Relationships	• Communicates effectively with women and their families in one-to-one and group situations • Communicates effectively with other members of the health care team
4. Organisation and Coordination of Midwifery Care	• Effectively coordinates the midwifery care of women and their families • Supports the development and delivery of effective care for women and their families
5. Personal and Professional Development.	• Acts to enhance the personal and professional development of self and others.

Students' knowledge, skills and attitudes (Hager et al 1994) are assessed on a continuous basis through a carefully chosen set of realistic professional tasks (critical elements) which are set at an appropriate learning level for the student. The critical elements, defined as discrete observable behaviours which are mandatory for the designated level of practice (An Bord Altranais 2003) are devised locally in partnership with the university and our health service partners The model of competency assessment advocated by An Bord Altranais (2005) aims to promote safety in practice and inform and support the development of midwifery as a profession.

This research study was conducted to elicit views of student midwives regarding their experience of the clinical competence assessment process. The students who participated in the study were the first cohort of students undertaking the 18 month midwifery programme in the Mid West Region of Ireland and the first group to use the revised competency documentation as an assessment strategy for clinical practice. The findings will inform further development of the process.

Competency Assessment Process

Student midwives receive preparation on the competency assessment framework and documentation prior to their first clinical placement. Students are assigned a preceptor in clinical placement with whom they have an initial interview which includes a discussion of the student's learning needs and the competency to be undertaken in that area. An intermediate interview is arranged mid-way through placement with the opportunity for feedback to be documented. At the final interview the preceptor and the student review the competencies, the knowledge, attitude and skills of the student in practice and the written evidence provided by the student to support the attainment of the competencies. The student is deemed to have passed or failed the assessment. A total of 10 competencies are completed over the 18 month period. A number of the prescribed domains are incorporated into each competency to ensure a holistic approach to assessment mirroring a holistic approach to the provision of midwifery care and a minimum of 3 weeks placement is required for successful completion of a competency

Learning levels of clinical competency Table 2

Year of Programme	Learning Level Assessed	Number of Competencies
One	Novice Participant	Three
One	Supervised Participant	Two
Two	Competent Participant	Five

Literature review

A debate exists within the nursing and midwifery literature in relation to competency assessment. This debate generally concentrates on attempts to define or conceptualise competence or competency while also investigating the effectiveness and appropriateness of competency based assessments (Cowan et al, 2005).

An Bord Altranais (2005 pg. 15) defines competence as the "the ability of the registered midwife to practice safely and effectively, fulfilling her professional responsibilities within her scope of practice" while recognising it as a "complex multidimensional phenomenon". Competence in midwifery practice involves continual interaction between skills, abilities, and knowledge in a wide variety of maternity settings (Worth-Butler *et al.* 1996, Cowan et al 2005). These authors advocate an integrated model of competence to capture concepts of capability, performance, elements of critical thinking and personal attitudes in which a midwife practices.

The concerns Watson et al (2002) identified in relation to competency includes the possibility of an over-emphasis on competence which can generate an 'anti-education mentality'. Another of their concerns is the apparent lack of reliability and validity of clinical competence assessment tools. Competency assessment is also beset with concerns of subjectivity and bias, augmented as the assessor develops a relationship with the student undertaking the competency. Norman *et al.* (2002) investigated the issue of reliability and validity of competence assessment tools and highlighted a number of issues. These included an apparent lack of evaluation of the tools utilized by the seven institutions surveyed and the lack of sensitivity of a tool to fail a student.

Other factors which influence the assessment procedure included time constraints, the language used with the assessment document and the extent of motivation of the preceptor. (Fraser 2000a and b) This is also supported by Dolan (2003) where preceptor/assessors underestimated the time required for the assessment process and while many of the preceptors were described as 'highly motivated', others did not appear to be interested. Availability and continuity of preceptors was sometimes an issue in Dolan's study and preceptors often signed evidence and competencies even though they had not worked with the student.

Preceptors often felt pressurised regarding balancing competence assessment and the reality of their work on the practice areas (Dolan 2003). Philips (2006) also found that time constraints was a factor inhibiting the preceptor role.

The language used within a competence assessment was identified by Fraser as an issue and she suggested that it affected the user-friendliness of the tool (Fraser 2000b).

A comprehensive evaluation of a nursing clinical competence assessment tool and process was undertaken in the Mid-West Region of Ireland (Butler et al 2009). This highlighted a number of issues from both the student's and preceptor's perspective such as the difficulty in relation to language used within the tool, inconsistency regarding the allocation of preceptor to student and the challenge of meeting other clinical demands. The recommendations from that study include continued and enhanced collaboration between all stakeholders in the further development of the tool, a review of the language used in the assessment tool, continued training for preceptors and a more visible way of capturing the skills component of competency attainment within the assessment tool. Midwifery was not included in this major review. This study seeks to address the lack of research available from a student midwives perspective of a competency assessment process in Ireland. It also seeks to explore the experiences of students of the competency process who are also salaried members of staff, which may differ from their supernumerary colleagues.
It is also the first study to be done in Ireland which explores the experiences of post registration student midwives in relation to the Clinical Competency Assessment process.

Methodology

The aim of this study was to explore student midwives experiences of the Clinical Competency Assessment process utilised by one university on the 18 month Higher Diploma Programme in the Republic of Ireland.
Denzin and Lincoln (2005) suggest that qualitative research facilitates the movement of people from ideas, to enquiry, to interpretation and culminating finally to action. The researchers in this study were committed to enhancing and improving the experiences of all the relevant stakeholders in the competency process and eliciting the student's views was part of this process. Begley (2008) refers to qualitative research as being important when attempting to understand people's experiences and to provide an opportunity to view the uniqueness of the experience for the individual. A qualitative descriptive approach was

considered appropriate to address the research question. Sandelowski (2010) suggests that a qualitative descriptive approach is appropriate when the aims of the research are to describe the phenomena of interest. Sandelowski (2010) acknowledges that whilst all research is interpretative, descriptive qualitative findings are reported as near to the original data as possible in comparison to other forms of research e.g. phenomenology.

Ethical approval was obtained from the University Ethics Committee. An independent gate keeper invited students to participate in the study. Students were provided with a comprehensive information sheet detailing the proposed research and a consent form. Explicit in the document was emphasis on the voluntary participation in the research. The interviews took place at the latter part of the 18 month programme, when all students had successfully completed the theoretical and competency assessment component of the programme.

Purposive sampling was used as this allows selection of participants who have experience of the area being studied (Robinson 2000). All twenty students undertaking the 18 month Higher Diploma Midwifery programme were invited to participate as all had been assessed clinically via the competency documentation under review and these students were the first 18 month programme to complete the course in the Mid West Region of Ireland. Interviews were used to collect the data from nine student midwives who consented to participate. The interviews were conducted in the hospital with times allocated at the end of shifts so students chose themselves whether to attend or not. Written consent was obtained when the student arrived at the venue, when information on the study was reiterated.

The interview guide used in the semi structured interviews was generated following a review of the literature and discussion with the research team. Students were asked to describe their experience of competency assessment. The students were asked how they felt about being assessed, the preparation provided for the process and support mechanisms available (if any) and to identify what worked well and not so well in the process. These individual interviews were tape recorded with the consent of the participants and transcribed verbatim and anomyised and the interviewer also took notes during the interview. Interviews lasted between 10-60 minutes.

Data were analysed using Burnard's (2006) framework consisting of a system of coding and categorisation, resulting in the organising and ordering of textual material. The initial analysis of the data was undertaken by one researcher. A second researcher also undertook the analysis and consensus in relation to three themes was reached.

Findings

The themes and subthemes identified are detailed in Table 3 and elaborated on below.

Table 3 Themes and subthemes from the data.

Themes	Sub themes
Competency process	Development in practice, Provision of supporting evidence, Critical elements, Language in the documentation, Intermediate interview and the number of competencies for completion
Support for competency completion	Named preceptor, junior midwives, midwifery students, Clinical Placement Coordinators in Midwifery (CPC's) and Input from the university
Factors affecting completion of the competency assessment	Continuity of preceptors, Availability of preceptors and Competing demands in clinical practice

Competency process

The competency process which includes an initial, intermediate and final meeting over a minimum of 15 working days in any clinical area was perceived by many of the students to be effective.

Some students found it very easy to discern **their development** via their competencies over the 18 month course with the need to 'step up at each level'

"I think the first one was supervised and novice and ……obviously you're being supervised the first week you're coming into the ward you're not hands on as such, you're kind of with the midwife and you're watching her and then she's watching you doing it ….. and then you're moving on to doing it on your own and kind of referring back to her and you know obviously gaining skills and being encouraged rather than being told what to do." S2

Many of the students commented on the **provision of supporting evidence**, 'writing reams' to begin with and highlighting inconsistencies in the amount of evidence required by different preceptors.

"sometimes the supporting evidence section was quite restrictive and you could feel that you could write maybe essays and reams and reams but I know that's not right either…"S5

"You go and write up your evidence on a rough paper and then try to get your preceptor to see it before you write them into your assessment book. ….. I went over my first evidence I wrote at novice level and I still think it was really detailed but my preceptor had a different view, she thought I should include things like care of a woman with an epidural but I thought it was important to focus on the normal ….I was thinking of normality and she wanted to include what was happening …I suppose the reality (laughter)!" S9

The written evidence was sometimes perceived as academic in focus.

"you're working and trying to study and then you're just trying to write, it was like it was another assignment, it was another thing to hand in, "S4

As the course progressed the written evidence became less of an issue as students became more skilled in presenting the evidence and also recognised that preceptors

"are able to assess your knowledge, skills and attitudes by speaking to you and discussing it and then putting down your main points. So it was clearer then but then I suppose as time went on as we were doing our competencies and progressing we didn't need to write down as much" S8

Some issues in relation to **critical elements** being too broad and the **language used in the documentation** were also raised

'Some of the wording was a bit difficult to understand and it was hard to know what they were looking for when in fact they were looking for very simple kind of things when you broke it down" S1

The **intermediate interview** was perceived as very useful in terms of feedback.

"People tell you what your strengths are and tell you where you need to pick up and not just tell you where you need to pick up but how you can go about it and making sure that the support is there from the CPCs and not just going to your Manager or to the CPCs and saying oh well she's not getting on great."S2

Some of the students commented on **the number of competencies** to be completed and feeling under pressure to submit their competencies.

"there are so many to do, especially in our last session we had five competencies to complete and some of those placements were shorter placements"S5

There was acknowledgment that although the process was time consuming it was vital to have practice assessed

"these are really down to the core of what we do here so it's just, you know I suppose it's proof as such that we're capable in a way to deal with things at ward level."S6

The students recognised that a process for competency completion is required and that a continuous assessment is valued. Despite the many issues impacting on the current process the students acknowledge that it helped the preceptors to know them and their practice

"I think that they are assessing you, you know the whole picture…I think they are because when you would sit down and have your interview with them you know they'd say you communicated very well with them, they would go through each area even if it wasn't written in the competency….the midwives do assess you overall"S5

<u>Support for competency assessment completion</u>

A variety of supports were identified in relation to the completion of the competencies which included preceptors, Clinical placement co coordinators in Midwifery (CPCs), a preparation workshop, competency guidelines, junior midwives, BSc midwifery students, record of midwifery practice booklet and access to local policies, guidelines and the internet. The **named preceptor** provided valuable support to the student in the completion of the competencies.

"there was one competency in particular where….we did go through everything in great detail and it was so beneficial"S3

Other sources of support were the **junior midwives** which students attributed to the fact that these midwives were familiar with the process. The **BSc midwifery students** were also perceived as helpful in their first placements

"Some of them (BSc students) they would have been a year here when we started and they helped us and now we're helping them"S4

The input from the college was seen as positive with the workshop pre placement noted as helpful

"The college as well …… we'd always bring our practice back to college, reflective practice, talk about different things that would have happened"S2

The support provided by the **CPCs** was also referred to frequently

"…they'd go through the competencies with us and different ideas for the supporting evidence, what to do and that"S8

The availability of the CPCs was significant too in keeping the students focused on the completion of competencies

"CPCs are always there, they're always there to remind us to complete the competencies"S7

but students did acknowledge

*"it was really your own responsibility to get them done and you know the midwives on the ward weren't going to say have you got competencies to do, it was just up to you to do them"*S5

There were occasions where the students perceived the preceptor to be uncertain of what was expected of them leading to some anxiety in the students.

"I suppose sometimes the midwives even though they would have had their training (preparation course) they could turn to you and say okay what are we doing here." S1

The students acknowledged that there may have been confusion for the preceptors as the documentation they were using was different from other cohorts. The students' comments in relation to the preceptors did indicate that the competency assessment process was being adhered to.

*"most of them were very supportive and ….. ask you a few questions and make sure you understand what's going on"*S7

Factors affecting completion of competency assessment

Continuity of preceptors was an issue for many of the students interviewed and often impacted on the competency assessment process. Each student is assigned a preceptor and an associate preceptor who supervises, supports and assesses the student during their placement. Students divided their time between clinical practice and theoretical input on a weekly basis for the three semesters and this sometimes impacted on the continuity of preceptors. It also put added pressure on the students:

"You might be working with one person today …., get one interview done, maybe your first interview, next week then you could be with a different person"S5

Students also felt that the lack of continuity of preceptors resulted in a lack of individualised assessment

"and they are kind of telling you what you know already without assessing what you need to know"S9

The **availability of preceptors** was another issue raised particularly with what was perceived by the students as the BSc students' greater need of preceptors

"the BSc students naturally had to have a preceptor because of their background …… sometimes then we often wouldn't spend very much time with our preceptor… we would work in conjunction with them but without the shadowing"S3

There were **competing demands** on the students with the competencies perceived to be very time consuming and the students sometimes felt guilty about approaching the staff to complete the competencies when they were "not seen as a priority" when compared to clinical care.

"the workload can be so heavy on the ward sometimes that you just don't even get time to think about it or you don't get time to ask about it …..you know your preceptor or the midwives just don't have time to take time out to help with the competency,"S6

Many of the issues raised improved with time as the students became more confident and competent.

"as the weeks go on, ….you get to know what you are doing and get more confident and more familiar so you just get on with it"S4

Discussion

The findings of this study indicate that the process of competency assessment was perceived to facilitate continuous assessment of clinical practice but there were issues in relation to the language and the number of competencies to be assessed. The opportunity for feedback to the student to be embedded in the process (via the intermediate interview) was also perceived to be beneficial. There were challenges also associated with the written evidence required, with many of the students questioning the usefulness of this within a clinical assessment. A variety of supports were identified and utilised by the students. Continuity and availability of preceptors were noted to be factors impacting on completion of the assessment as were the competing demands of clinical care.

There was recognition among the students in this study that a clearly defined assessment process was essential to allow for effective and consistent assessment of practice which is congruent with the findings of Butler et al in 2009 However this process needs to be clearly articulated and documented, to ensure that both the preceptors and the students approach the assessment consistently. McCarthy and Murphy (2008) noted that there may be inconsistencies in preceptors approach to assessment. This was echoed in this study leading to

anxiety among students. The students in this study lacked confidence initially in the use of the documentation but as the programme progressed became more confident in its use. Adequate preparation in assessment and in the use of the documentation is essential for both students and preceptors, as is an opportunity to refresh and update knowledge on competency completion. Hyrkas and Shoemaker (2007) have also argued that on-going preceptor workshops are key to the sustainability of the preceptorship role and this is reflected in our education and training programmes for both students and preceptors.

The language used within the competence assessment was considered difficult to understand and the critical elements (defined as the observable behaviour expected of the student) were perceived to be too broad, making it difficult to interpret what is expected of the student. This finding is echoed in nursing (Butler et al 2009, Hanley and Higgins 2005a) and midwifery research (Fraser 2000b). Competency documentation reviewed in Fraser's study was frequently described as unclear, ambiguous, repetitive, and full of educational jargon (p. 289). This finding is a concern particularly as the students in this study also noted that the competing demands of clinical practice impacted on completion of the competencies and that competencies were seen to be time consuming in busy clinical settings. Therefore any aspect which impacts on the user friendliness of the competency assessment documentation, making the process unnecessarily complex needs to be reviewed as a matter of urgency, whilst still ensuring that the assessment documentation and process is fit for purpose. McCarthy and Murphy(2008) concur and note that assessment strategies must be user friendly for preceptors.

There were issues specific to the written evidence expected in the competency assessment document to support practice. Dolan (2003) highlighted the time-consuming aspect associated with evidence writing, so much so students felt that there was an over emphasis on writing rather than on practice, again mirrored by students comments in relation to "writing reams" in this study. Calman *et al.* (2002) reported that nursing and midwifery students felt 'bogged down with paperwork' (p.521) in relation to the evidence base expected in their clinical assessments. Dolan (2003) reported an inconsistency between assessors in relation to the written element requirement or being over directed in their approach therefore limiting the development of independent learning and self-reflection by the student. This created an element of anxiety and frustration among students, echoed in this study. In Butler et al's study in 2009 student nurses perceived that greater weighting was given to the theory and attitude component of the assessment, at the expense of practical skills. This perception was influenced by the need to provide written evidence in their competency documentation and

would appear to support the frustrations of some of the students in this study vis a vis the provision of written evidence.

More recent developments of clinical competence assessment tools incorporate an element of written reflection on practice with continuous observation of practice by the preceptor, reflected in the competency documentation in this study. This attempts to address the issue of reliability by reducing bias related to one-off observations while also assisting to link knowledge with acquired skills. Written evidence in clinical assessment documentation in this study was included to support the preceptor's decision in relation to the individual student's competence in practice and was intended to corroborate that decision. It may also be seen as a supportive mechanism for the preceptors in practice when competency documentation was first introduced. Including a written component might also be a pre requisite to a third level institute granting credits to the student for a clinical assessment. Careful consideration needs to be given to what constitutes corroborating evidence for practice. There may be an argument that there is no need for any further corroboration of safe practice when a registered midwife who has undergone appropriate preceptorship training and education deems a student who they have supervised and supported in practice to have passed a competency assessment. Given that the profession of midwifery is practice based, equal validity must be seen in relation to the practice element as to the theoretical element. Inclusion of the need for written evidence to support practice within the documentation in this study has been perceived as making the assessment academic in focus. It may be timely to consider the exclusion of a formal written evidence component.

A multiplicity of supports were utilised by the students and these included preceptors, newly qualified midwives, BSc Midwifery students and Clinical Placement Co-ordinators in Midwifery (CPCM). Hughes and Fraser (2011) acknowledge the pivotal role that mentors play in the development of a midwifery student's competence in practice. Preceptors referred to in this study have a similar role to mentors as described by Hughes and Fraser and equally were acknowledged as a key support for completion of competencies. The CPCM's role was created to support students, and assist preceptors, managers and educationalists in relation to student's clinical placements in Ireland (DOH 1997). Students in this study and in Butler at al's study (2009) (both from an Irish context) acknowledged the importance of the CPCs in providing support for competency assessment completion. Interestingly preceptors in Butler et al study (2009) did not perceive that CPCs as supports to themselves to the same extent. These authors suggest that this may be because the CPC's are considered exclusive to the students

A common finding in research assessing competence in nursing and midwifery practice is the challenge of integration of competency assessment into increasingly complex clinical care provision (Butler et al 2009, Philips 2006, Dolan 2003, Calman et al 2002) Students in this study were very mindful of the pressure the midwives were working under and thus felt guilty about approaching preceptors to complete competency documentation. In addition the students in this study were registered nurses and salaried members of the team. Thus they are an integral part of the work force providing maternity care, despite being students of midwifery. Their own responsibilities within the work place further reduced the time available for them to consider their competencies in midwifery practice. Providing midwifery care was seen as a higher priority than completion of competencies, further emphasising that competencies are seen as separate from clinical practice.. Begley (1999) found in her study that student midwives considered themselves as part of the workforce and perceived that their educational needs were denied. Some 12 years on the findings of this study echo this but it is also clear that the students themselves perceived their role as worker to have a higher priority than their role as learners.

Providing complex midwifery care whilst also addressing learner's needs is not a new phenomenon. Fraser (2000a p.284) identified the reality of busy maternity wards and an expectation for students to 'commence their career running', impacting on assessment of learning and assessment for learning in clinical practice. Gleeson in 2008 notes that the nurse's first priority is patient care and this is also true of midwifery practice where the woman and her family is the centre of care. However Gleeson adds that the responsibility of teaching students to deliver care effectively and safely is also part of the role of the preceptor. The responsibilities of the midwife in relation to teaching and assessment of student midwives is further emphasised in the Practice Standards for Midwives issued by the regulatory body (An Bord Altranais 2010). Calman *et al.* (2002), McMullan et al(2002), and Gleeson (2008) advocate the importance of preceptor ship preparation, supports and regular updates to improve the assessor and student experience of assessment in clinical practice. This education and training needs to focus on the promotion and the integration of the competency assessment into every day practice.

In summary the findings of this study indicate that efforts should be made to simplify the documentation for competency assessment, promote the integration of competency assessment

into clinical practice and to monitor the time commitment in relation to competency completion which is congruent with the findings of many nursing and midwifery studies focusing on competency assessment and documentation. All of the above need to be addressed in tandem with ensuring the competency assessment process is fit for purpose i.e. can facilitate the effective assessment of safe and competent practice of the student midwife

Limitations

This is a small study reporting on the experiences of a small number of midwifery students utilising a competency assessment tool and does not attempt to evaluate the reliability or validity of the competency document in use.. Given the qualitative nature of the design the findings are not expected to be generalisable. Nevertheless it is evident that the students descriptions of their experience is reflective of the findings from a local, national and international perspective. The uniformity of the descriptions in relation to several aspects e.g. in relation to competing demands impacting on the completion of the competency assessment process and challenges in relation to the written evidence will also influence the continued local development of the competency process and documentation.

C**onclusion and recommendation for practice**

Worth-Butler *et al.* (1996) advocates an integrated model of competence to incorporate, not only concepts of capability and performance but also elements of critical thinking and personal attitudes, in some way capturing the complexity in which a midwife practices. These authors acknowledge that defining competence is not a simple task as competence in midwifery practice involves constant interaction between skills, abilities, and knowledge in a wide variety of different settings (Worth-Butler *et al.* 1994). Any framework developed to assess undergraduate midwifery practice must take cognisance of these points and promote a holistic approach to the assessment of midwifery practice reflecting the holistic approach of midwives to care of mothers, babies and their families. This study also emphasises the importance of a competency framework being reflected in a clearly articulated process, facilitating the continuous assessment of students in practice within the realities of busy clinical environments. The current process in use is advantageous in that three interviews are prescribed during the clinical placement which are used to discuss students' progress and to provide the student with feedback (verbally and in writing)

As a result of this study and a nursing study carried out locally (Butler et al 2009) a number of changes are currently being implemented locally e.g. the competency process and documentation used in the midwifery programmes are currently being reviewed. This review, by a team which consists of midwifery lecturers, members of the Midwifery Practice Development team, midwives and midwifery management, includes challenging the need for inclusion of written evidence as part of a clinical assessment. Further research is required in an attempt to quantify how much time is spent on the completion of competency documentation in the ever more complex clinical setting of midwifery practice. Such research may equip us with a stronger argument in relation to the need for additional support for clinical assessment. There is scope too to investigate the effectiveness of competency assessment methods in use and perhaps consider as Norman et al (2002) suggests a multi method approach to assessment. In the interim the integration of competency assessment of midwifery students into clinical practice must be seen as a high priority.

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